

FIL RECEIPT

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231,

On: 11.2.00

By: Leslie Lindsey

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JAN 17 2001

TECH CENTER 1600/2000



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

PATENT

Applicant(s): Mazess et al.

Docket No.: 17620/9277

Serial No.: 09/402,636

Group Art Unit: 1614

Filed: April 26, 2000

Examiner: not yet assigned

For: TARGETED THERAPEUTIC DELIVERY OF VITAMIN D COMPOUNDS

REQUEST FOR CORRECTED FILING RECEIPT

Attn: Office of Initial Patent  
Examination's Customer Service Center  
Assistant Commissioner for Patents  
Washington, DC 20231

Sirs:

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following, data is:

incorrectly entered

and/or

omitted

Error In

Correct Data

- |   |                                    |            |
|---|------------------------------------|------------|
| (1) <input checked="" type="checkbox"/> | Applicant Mazess' last name        | (1) Mazess |
| (2) <input type="checkbox"/>            | Applicant Address                  | (2)        |
| (3) <input type="checkbox"/>            | Title                              | (3)        |
| (4) <input type="checkbox"/>            | Filing date                        | (4)        |
| (5) <input type="checkbox"/>            | Serial number                      | (5)        |
| (6) <input type="checkbox"/>            | Foreign/PCT Application References | (6)        |
| (7) <input type="checkbox"/>            | Other                              | (7)        |

In accordance with 37 CFR 1.10, applicant filed by Express Mail the above-identified continuation-in-part patent application on ENTER DATE and encloses a copy of the certificate of "Express Mail." Despite deposit of the application in an Express Mail box in sufficient time for the next collection for ENTER DATE, the application was apparently not picked up until ENTER DATE as evidenced by the "date in" on the Express Mail receipt and on the PTO filing receipt.

The actual date of filing is \_\_\_\_\_, and applicant encloses herein a declaration by ENTER FULL NAME who mailed the application on that date.

Applicant requests that the filing date be corrected and a corrected filing receipt issued.

3. (Complete the following applicable item A or B.)

A.  The correction(s) is/are not due to any error by applicant and no fee is due

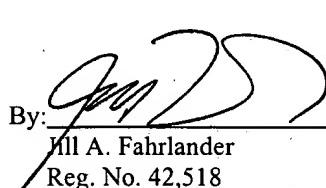
OR

B.  At least one of the above corrections is due to applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

- enclosed is a check for \$25.00.
- charge Account No. 50-0842 \$25.00.

Date: November 2, 2000

By:



Jill A. Fahrlander  
Reg. No. 42,518

MICHAEL BEST & FRIEDRICH LLP  
One South Pinckney Street, Suite 700  
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Madison, Wisconsin 53701-1806  
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Q:\CLIENT\17620\9277\B0030999  
11/02/00



UNITED STATES PATENT AND TRADEMARK OFFICE



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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/402,636	04/26/2000	1614	736	17620-9277	9	40	6

Teresa J Welch  
Michael Best & Friedrich  
One South Pinckney Street Suite 700  
PO Box 1806  
Madison, WI 53701-1806

*Michael Best & Friedrich LLP*

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OCT 31 2000

FILING RECEIPT



\*OC000000005499575\*

DOCKETING  
MADISON, WI

Date Mailed: 10/24/2000

*Submitted for 11/3/00*

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Mazess  
Richard B. ~~Mazess~~, Madison, WI;  
Charles W. Bishop, Madison, WI;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A 371 OF PCT/US98/02899 02/13/1998  
WHICH CLAIMS BENEFIT OF 60/038,364 02/13/1997

Foreign Applications

If Required, Foreign Filing License Granted 10/24/2000

\*\* SMALL ENTITY \*\*

Title

Targeted therapeutic delivery of vitamin d compounds

Preliminary Class

514

**FILE COPY**

## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

SERIAL NUMBER 09/402,636	FILING DATE 04/26/2000 RULE -	CLASS 514	GROUP ART UNIT <i>1614</i> <i>1644</i>	ATTORNEY DOCKET NO. 17620-9277
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**APPLICANTS**

Richard B. Mascax, Madison, WI ; *AB*,  
 Charles W. Bishop, Madison, WI ;

**RECEIVED**

JAN 17 2001

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/US98/02899 02/13/1998  
 WHICH CLAIMS BENEFIT OF 60/038,364 02/13/1997

*OK***\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None. PNK*  
**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 10/24/2000**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SB</i> <i>SPH</i> Initials				
Verified and Acknowledged +	Examiner's Signature <i>SB</i> <i>SPH</i>				

**ADDRESS**

Teresa J Welch  
 Michael Best & Friedrich  
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 Madison, WI 53701-1806

**TITLE**

Targeted therapeutic delivery of vitamin d compounds

FILING FEE RECEIVED 736	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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